MassHealth

Automated Voice Response (AVR)
User Guide

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About This Manual

The Massachusetts Eligibility Verification System (EVS) and its subsystems, including the Automated Voice Response (AVR) system, are applications available to providers participating in MassHealth. This information system complies with the federal Health Insurance Portability and Accountability Act (HIPAA). The system provides the most current information from MassHealth, 24 hours a day, 7 days a week.

This manual provides instructions for accessing EVS by using AVR at 1-800-554-0042.

Important Contact Information for EVS:

For further information about EVS access methods or other questions,

contact MassHealth Customer Service at 1-800- 841-2900.
 OR
e-mail your inquiries to providersupport@mahealth.net.

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Automated Voice Response (AVR) System

Providers can access EVS data through the Automated Voice Response (AVR) system by calling 1-800-554-0042.

The new automated voice response system allows you to verify eligibility by member ID, by social security number or other agency ID, or by the member's name, gender, and date of birth. It is recommended to use AVR only when you do not have access to the EVSpc software at your facility or when your primary way to access EVS is not functioning properly.

You must have a valid user ID and password along with the MassHealth provider or National Provider Identification (NPI) number in order to access AVR.

Accessing AVR

The Office of Medicaid - MassHealth Operations maintains a Web site that has useful information for MassHealth providers. The Web site, http://www.mass.gov/masshealth/providerservicecenter, includes updates to the provider manuals, recent provider bulletins, links to useful documents, regulations, and other information. There is also a section that contains information about Electronic Verification System (EVS). Within this section you will find details about Automated Voice Response (AVR).

Important Reasons to Access EVS Before Providing Services

- EVS verifies if the MassHealth member is eligible for services, and provides benefit plan and additional coverage information.

- EVS identifies the current Primary Care Clinician for each individual MassHealth member enrolled as a member of the Primary Care Clinician (PCC) Plan, if applicable.

- EVS identifies the current managed care organization provider for each individual MassHealth member enrolled as a member of the MCO plan.

- EVS reduces the risk of your claim being denied.

- EVS simplifies the identification of a member's Local Office/MassHealth Enrollment Center for purposes of resolving any questions on eligibility timeframes.

- EVS identifies any third-party-liability information to ensure proper billing.

- EVS aids in providing timely health-care services for all members.

General Information about Using EVS

Trading Partner Agreements

To access EVS, the provider must first have submitted a signed Trading Partner Agreement (TPA). The primary contact for Health Insurance Portability and Accountability Act (HIPAA) at your organization should be able to give you more information on whether you have a signed TPA on file. The TPA and other related information are available on the MassHealth Web site at http://www.mass.gov/masshealth/providerservicecenterwww.mass.gov/masshealth/providerservicecenter.

HIPAA Compliance

EVS meets the ANSI ASC X12N 270/271 health-care eligibility benefit inquiry and response standards. Data transmissions to and from these systems meet the security standards of the HIPAA security regulations.

Associated companion guides for HIPAA transaction sets 270/271 can be found at http://www.mass.gov/masshealth/providerservicecenter.

Security and Privacy

Your current MassHealth provider agreement in combination with the TPA requires you to make every effort to secure and protect information transmitted to and received from our system.

To access EVS you must also have a valid user ID and password. To determine if you have a valid user ID and password, call MassHealth Customer Service at 1-800-841-2900, after submitting the signed TPA.

User ID and Password

Each provider receives one user ID and password per provider number. You must protect your password securely.

- Do not write your password in an easily accessible place.

- Do not share your password with anyone.

- Choose a password that is not easy to guess.

- The password must be alphanumeric (letters and numbers only).

- It must be a minimum of six characters, with a maximum of eight characters.

- There must be four unique letters in the password.

- There must be at least one number in the password.

When you sign on to the system for the first time, you will be prompted to change your password. When you change your password, you will be the only one who knows what it is. The password will expire 91 days from its creation date. The system will begin to notify you one week before your password expires, and ask you if you would like to change it. After 91 days, you will be prompted to change your password.

New passwords cannot be the same as your user ID or your current password.

Examples of Passwords:

Valid Passwords	Invalid Passwords	Comments
WEBEVS2	WEBEVS	Must include a number.
JOHN03	JOHN3	Must be six to eight characters.
DEBBIE9	DEB123	Must have at least four letters.

The process for changing a password over the Automated Voice Response (AVR) system is explained in the section titled Using AVR.

Automated Voice Response (AVR) Flow Chart

Enter your user ID. To enter letters, press the asterisk, then a two-digit number to designate the position of the letter. See the Alphabetic Character-to-Number Conversion for AVR.

Enter your password. To enter letters, press the asterisk, then a two-digit number to designate the position of the letter. See the Alphabetic Character-to-Number Conversion for AVR.

**Enter your
NPI or provider number.**

Press 1 to check eligibility by member ID.

1. Enter the 12-digit member ID.
2. Enter date of service in MMDDYYYY format.
3. AVR will access EVS and return a response.

Press 2 to check eligibility by SSN or other agency ID.

1. Enter the nine-digit SSN or other agency ID.
2. Enter date of service in MMDDYYYY format.
3. AVR will access EVS and return a response.

Press 3 to check eligibility by member's name.

1. Enter the member's last name. Entering letters requires three key presses. See the Alphabetic Character-to-Number Conversion for AVR.
2. Enter the member's first name.
3. Enter member's gender by selecting the correct option.
4. Enter member's date of birth in MMDDYYYY format.
5. Enter date of service in MMDDYYYY format.
6. AVR will access EVS and return a response.

Press 4 to change your password.

1. Enter your new password. Entering letters requires three key presses. See the Alphabetic Character-to-Number Conversion for AVR.
2. Reenter your password for confirmation.
3. Perform eligibility verification for the password change to take effect.

After reviewing the response, AVR gives you the option to perform another eligibility inquiry.

Telephone Specifications

The only type of telephone that can be used to access EVS is a regular touch-tone phone. Most providers have this type of phone in their offices. It can be identified by different tones when dialing.

> *NOTE:*
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> *The primary method of performing eligibility inquiries should be using the EVSpc software, because AVR returns limited information and the connection can be lost if you take too long to respond to a prompt.*

Special Function Keys

There are three keys on the telephone keypad that have different functions. The following is an explanation of their functions.

#	The pound sign. To proceed to the next step, press this key after entering each piece of information.
8	The number 8 key. For assistance or for questions about the use of the MassHealth Automated Voice Response System, press this key.
9	The number 9 key. To repeat the previous message, press this key.

Using AVR

The following are step-by-step instructions for using AVR to verify MassHealth eligibility.

Step 1:	Dial 1-800-554-0042. You will hear the following message.

Welcome to MassHealth.
If you are a MassHealth provider, press 1.
If you are a MassHealth cardholder, press 2.
To repeat this information, press 9.

OR

The Eligibility Verification System is currently unavailable. Please contact MassHealth customer Service at 1-800-841-2900 for assistance. Thank you.

> *NOTE:*
>
> *If the system supporting MassHealth is unavailable, AVR responds with this message. However, access may still be available through the WebEVS, EVSpc software, or the Eligibility Operator. If you have difficulty accessing the system, call MassHealth Customer Service at 1-800-841-2900 for assistance.*

Step 2:	Press option 1 for provider services.
	Enter your user ID for the NPI/provider number you need to verify.

Enter your user ID followed by the pound sign (#). To enter a number, simply press that number. To enter alphabetic characters, press the asterisk (*) followed by a two-digit numeric code. The first digit of the numeric code corresponds to the key number on which the character appears. The second digit of the numeric code corresponds to the position of the letter on the key. For example, the code *21 is used to enter the letter "A" since "A" appears on key 2 in the position of one on the touch-tone keypad. The characters "Q" and "Z" do not

appear on most touch-tone keypads. To enter "Q" use *11, and to enter "Z" use *12.

Step 3:	**Enter the password associated with your user ID.**
	Enter your password followed by the pound sign. To enter a number, simply press that number. To enter alphabetic characters, press the asterisk followed by a two-digit numeric code. The first digit of the numeric code corresponds to the key number on which the character appears. The second digit of the numeric code corresponds to the position of the letter on the key. For example, the code *21 is used to enter the letter "A" since "A" appears on key 2 in the position of one on the touch-tone keypad. The characters "Q" and "Z" do not appear on most touch-tone keypads. To enter "Q" use *11, and to enter "Z" use *12.

Step 4:	**Enter your NPI or provider number associated with the user ID.**
	Enter your NPI or provider number followed by the pound sign.
	If a nine-character provider number is entered, the following message will be heard: "Please enter your one-character location code followed by the pound sign."
	Next you will hear the main menu.
	Press 1 to verify eligibility by member ID. Press 2 to verify eligibility by social security or other agency ID. Press 3 to verify eligibility by name. Press 4 to change your password. To end this call, hang up. For assistance press 8. To repeat this information press 9.

Verifying Eligibility by Member ID

After following steps 1-4 above, follow steps 5-7 to verify a MassHealth member's eligibility using the member ID.

Step 5:	**Press 1 to verify eligibility by member ID. This is the prompt you will hear for entering the member's ID.**
	Enter the member ID followed by the pound sign.
Step 6:	**Enter the member's 12-digit ID followed by the pound sign.**
	Enter the date of service in MMDDYYYY format, followed by the pound sign.
Step 7:	**Enter the date of service that you are checking followed by the pound sign. For instance, January 4, 2004, would be entered as 01042004#. If you are using the current day as the date of service, press the pound sign.**
	Your response will be returned momentarily. The response information begins on page 8.

Verifying Eligibility by the Member's Social Security Number (SSN) or Other Agency ID

After following steps 1-4 above, follow steps 5-7 to verify a MassHealth member's eligibility using the SSN or other agency ID.

Step 5:	**Press 2 to verify eligibility by member's SSN or other agency ID.**
	Enter social security number or other agency ID, followed by the pound sign.
Step 6:	**Enter the member's nine-character SSN or agency ID followed by the pound sign. For 'X' enter *92, for 'Y' enter *93, and for 'Z' enter *12. The next prompt you will hear is for entering the date of**

	service.
	Enter the date of service in MMDDYYYY format, followed by the pound sign.
Step 7:	**Enter the date of service that you are checking followed by the pound sign. For instance, January 4, 2004, would be entered as 01042004#. If you are using the current day as the date of service press the pound sign.**
	Please wait.
	AVR sends your verification. Your response will be returned momentarily. Refer to the AVR Verification Messages section.

Verifying Eligibility by the Member's Last Name, First Initial, Date of Birth, and Gender

After following steps 1-4 above, follow steps 5-12 to verify MassHealth eligibility when using a member's last name, first initial, date of birth, and gender.

Step 5:	**Press 3 to verify eligibility using a member's last name and first initial. This is the prompt you will hear for entering the name.**
	Enter up to 20 characters of the member's last name followed by the pound sign. Entering letters on a touch-tone phone requires 2 presses for each letter. First, press the key that has the letter you need to enter. Next, press 1, 2, or 3 representing the position of the letter on that key. Enter Q as 1, then 1 again, and Z as 1, then 2. For example, for the letter A, press 2, then 1; for the letter B, press 2, then 2."
Step 6:	**Enter up to 20 letters for the member's last name followed by the pound sign. You will then hear a confirmation of the name you have entered.**
	You have selected [AVR will repeat the name you have just entered]. Press 1 to confirm this selection. Press 2 to change your selection.
Step 7:	**Press 1 to confirm your selection or 2 to change your selection. The following is the prompt you will hear for entering the first name.**
	Enter up to 15 characters of the member's first name followed by the pound sign. Enter the full name for best results.
Step 8:	**Enter up to 15 letters for the member's first name followed by the pound sign.**
	You have selected [AVR will repeat the name you have just entered]. Press 1 to confirm this selection. Press 2 to change your selection.
Step 9:	**Press 1 to confirm your selection or 2 to change your selection. The following is the prompt you will hear for selecting the gender.**
	Enter the gender for this member. For male, press 1. For female, press 2.
Step 10:	**Press 1 if the member is male or 2 if the member is female. The following prompt is for entering the member's date of birth.**
	Enter the member's date of birth in MMDDYYYY year format followed by the pound sign.
Step 11:	**Enter the member's date of birth following the above format. The following prompt is for entering the date of service.**
	Enter the date of service in MMDDYYYY year format, followed by the pound sign.
Step 12:	**Enter the date of service that you are checking followed by the pound sign. For instance, January 4, 2004, would be entered as 01042004#. If you are using the current day as the date of service press the pound sign.**
	AVR sends your verification. Your response will be returned momentarily.

Changing Your Password

After following steps 1-4 above, follow steps 5-8 to change your MassHealth password.

Step 5:	**Press 4 to change your password.**
	Please enter your new password followed by the pound sign. Entering letters requires 3 presses for each letter. First, press the asterisk key. Next, press the key that has the letter you need to enter. Lastly, press the 1, then the 2 or 3 key, representing the position of that letter on that key. For the letter Q, enter *11. For the letter Z, enter *12. To enter a number, press that number on the keypad. Passwords must be eight to 16 characters long, have four different letters, contain at least one number, and must be different from the user ID and previous password.
Step 6:	**Enter your new password.**
	Please reenter your new password for verification, followed by the pound sign.
Step 7:	**Re-enter your password for confirmation.**
Step 8:	You will return to the main menu (in step 4). Please note that for the password change to take effect, you will need to perform an eligibility inquiry immediately afterward.

AVR Verification Messages

(Information in brackets is filled in by AVR.)

Primary Prompts	Explanation	Action Required
(*Member ID*) **is deactivated.** (*Active ID*) **should be used.**	The ID requested is inactive. The new active ID should be used in place of old ID.	No action required.
For (*member ID***), the date of birth is (***member's date of birth***).**	For date of birth	Press #.
Local office # is (*phone number***).**	For local office/MEC	Press #.
Phone number is (*phone number***).**	Member phone number	Press #.
Member is eligible for (*benefit plan***).**	Several possible benefit plans. Visit http://www.mass.gov/MassHealth/providerservicecenter for more information.	Press #.
The member is ineligible on (*date of service).***	Member is ineligible for date of service (date).	Press #.
Benefit plan is not available. Call MassHealth Customer Service for assistance at (*customer service number***).**	The plan does not exist on the AVR tables as an exact match to what was sent from NewMMIS.	Press #.
Member is a resident of a long–term-care facility with (*NPI***). Phone number is (***phone number***).**	For long-term care	Press #.
For LTC approval of medical services, call their long-term-care facility at (*phone number***).**	If the long-term-care NPI is not populated	Press #.
Member has other insurance with (*TPL carrier name-if one of top 25 carriers OR carrier code***).**	For third-party liability	No action required.
Policy number is (*policy number***).**	If policy # exists	No action required.
Coverage codes are (*coverage codes***).**	Coverage codes for third-party liability	Press #.
Case mix score is (*case mix score***).**	If case mix score exists	Press #.
For PCC approval of medical services call (*PCC Provider name if available***) at (***phone number***).** **OR**	Member has been assigned to a PCC; the PCC must authorize most services for PCCP members. Phone number for provider.	Press #.
For PCC approval of medical services, call your primary care clinician at (*phone number***).**	If PCC provider name is not in the AVR table or does not match exactly.	

Primary Prompts	Explanation	Action Required
Member also eligible for Commonwealth Care. Member is enrolled with (*managed care provider name*) at (*phone number*). OR Managed care name was not on file. Call MassHealth Customer Service for assistance at (*phone number*).	Member eligible for Commonwealth Care Enrolled with a managed care provider MCO provider name does not have an exact match on the AVR table.	Press #.
Assignment plan is (*assignment plan*).	One of several possible assignment plans. Visit www.mass.gov/masshealth/providerservicecenter for more information.	Press #.
Coverage to begin on (*coverage begin date*).	Managed care coverage information	Press #.
For (*mental health/substance abuse service*) authorization, call the (*Partnership*) at (phone number).	If there is a behavioral health provider, the name and phone number are given here.	Press #.
Personal deductible is $(*personal deductible*).	If there is a deductible amount	Press #.
Spenddown is $(*spenddown amount*).	If there is a spend down amount for a spend down provider	Press #.
Pharmacy copay cap status is met. OR Pharmacy copay cap status is exempt. OR Pharmacy copay cap status is not met.	Pharmacy copay cap status of the member	No action required.
Nonpharmacy copay cap status is met. –OR– Nonpharmacy copay cap status is exempt. –OR– Nonpharmacy copay cap status is not met.	Nonpharmacy copay cap status of the member	Press #.
Tracking number for this inquiry is (*tracking number*).	Tracking number assigned	Press #.
Press the pound sign to continue.	Required to continue to next step	Press #.
To perform another eligibility inquiry by member ID press 1. To perform another eligibility inquiry by SSN or other agency ID press 2. To perform another inquiry by name press 3. To end this call, hang up. For assistance press 8. To repeat this information press 9.	Eligibility inquiry is complete.	Start another eligibility inquiry, or hang up to end call.

> ### NOTE:
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> *It is important to obtain the entire message for full details of restrictions. Otherwise, you risk denial of your claim. If you have questions about the types of services covered under a specific benefit plan, consult your MassHealth provider manual located at* **www.mass.gov/masshealth**. *For additional information you can call MassHealth Customer Service at 1-800-841-2900.*

Call Termination Messages

Message	Description of Message
You have reached the limit for inquires. To end this call, hang up. For assistance press 8. To repeat this information, press 9.	The maximum number of eligibility inquiries per telephone call is five during business hours.
You have exceeded the time limit allotted since your last response. Please review the procedures in your MassHealth provider manual or call 1-800-841-2900 for assistance. Thank you for calling MassHealth.	You are allowed six seconds to enter data after you have received an instruction from AVR.
You have exceeded the limit for input errors. Please review the procedures in your MassHealth provider manual or call 1-800-841-2900 for assistance. Thank you for calling MassHealth.	At all entry steps, you are allowed three attempts to correctly enter the requested data.
Thank you for calling MassHealth.	The eligibility inquiry has ended.

AVR Error Messages

All error messages are followed by a prompt that tells you the valid data that needs to be entered to proceed.

Message	Resolution
Invalid selection. Please reenter.	You pressed an incorrect key, or a key that had no options associated with it. Verify that the correct key was pressed for the option needed. Listen to the menu once more, and select an available option.
Invalid NPI or provider number (provider number). Please reenter.	Make sure the NPI or provider number entered was correct. Your provider number should be the nine-digit Medicaid provider number followed by a one-character location code. Your NPI number should be the 10-digit Medicaid NPI number.
The NPI or provider number entered is not linked to this user name. Please reenter.	NPI or provider number associated with the user ID does not match. Enter a valid NPI or provider number for that user ID.
Invalid location code.	The location code associated with the provider number entered is incorrect. This location code should be an alphabetic character.
Invalid member ID (member ID). Please reenter.	Make sure the number used is correct. The member ID can be found on the member's MassHealth card. Common errors include not entering all digits, entering too many digits, or entering a social security number (SSN) rather than the member ID.
Invalid SSN or other agency ID. Please reenter.	Make sure that the SSN or other agency ID used is correct. Otherwise, try entering the member's ID, if available. The member ID can be found on the member's MassHealth card.
Invalid last name. Please reenter.	The patient's last name was not entered correctly. Enter up to 20 characters for the patient's last name. Refer to the Alphabetic Character-to-Number Conversion for AVR table for entering alphabetic characters on a touch-tone phone.

Message	Resolution
Invalid first name. Please reenter.	The patient's first name was not entered correctly. Enter up to fifteen characters for the patient's first name. Refer to the Alphabetic Character-to-Number Conversion for AVR table for entering alphabetic characters on a touch-tone phone.
Invalid date. Please reenter.	Date of service and date of birth should be entered in MMDDYYYY format with eight digits. For example, January 4, 2004, is entered as 01042004. Also, date of service and date of birth cannot be set in the future.
Date of service not within last 4 years. Press the pound sign to continue.	Date of service must be the current date or a date within the past four years.
Invalid user ID. Please reenter.	User ID did not match with what was in EVS. Reenter a valid user ID.
User ID not found. Please reenter.	User ID did not match with what was in EVS. Reenter a valid user ID.
Your new password cannot be the same as your last password.	Invalid password. The password may not be identical to your previous password. Please reenter.
The password you enter may not be same as your user name.	Invalid password. The new password entered cannot be the same as your user ID. Enter a password that is not the same as your user ID.
Invalid password. The password must contain at least four different characters. Please re-enter.	The new password entered does not meet the EVS security requirements. Enter at least four different characters and at least one number.
Invalid password. The password must contain at least one number. Please reenter.	The new password entered does not meet the EVS security requirements. Enter at least four different characters and at least one number.
Invalid password. The password may not be greater than 16 characters. Please reenter.	The length of the password entered is not valid. The password must be at least eight characters in length and not greater than 16.
Invalid password. The password must be at least eight characters. Please reenter.	The length of the password entered is not valid. The password must be at least eight characters in length and not greater than 16.

Alphabetic Character-to-Number Conversion for AVR

The tables below indicate when to enter three characters for a letter and when to enter one character for a letter.

Use these values when *changing* your password. Do not precede with * when inquiring by member's name.	
Alpha Character	Touchtone Keys
A	*21
B	*22
C	*23
D	*31
E	*32
F	*33
G	*41
H	*42
I	*43
J	*51
K	*52
L	*53
M	*61
N	*62
O	*63
P	*71
Q	*11
R	*72
S	*73
T	*81
U	*82
V	*83
W	*91
X	*92
Y	*93
Z	*12

Contact Information

For questions about the operation of the Automated Voice Response (AVR) system or dialing procedures, please call MassHealthCustomer Service at the toll-free number shown below. For immediate assistance, please call between 8:00 A.M. and 5:00 P.M. EST, Monday through Friday. At other times, you may leave a message for prompt resolution on the next business day.

MassHealth Customer Service   1-800-841-2900

If you need immediate access to EVS for member eligibility information, please call:

Automated Voice Response 1-800-554-0042

Access our website at: http://www.mass.gov/mMasshHealth/providerservicecenter.
Contact MassHealth by e-mail at: providersupport@mahealth.net.

Contact MassHealth in writing at:
    MassHealth Customer Service
    Attention: Provider Services
    P.O. Box 9118
    Hingham, MA 02043

For questions about discrepancies in member eligibility information, please call the cardholder's Local Office/MEC.

If you have any suggestions on how to improve EVS, please contact MassHealth Customer Service at the above address.

GLOSSARY

Asterisk	The * symbol
AVR	Automated Voice Response. The system that permits eligibility inquiries to be made directly to, and responses to be heard from EVS by using a telephone to call (800) 554-0042.
Data	Information to be entered
DTA	Department of Transitional Assistance
EVS	Eligibility Verification System
EVSpc Software	Eligibility Verification System PC Software
HIPAA	Health Insurance Portability and Accountability Act
MassHealth	The Massachusetts Medicaid program.
MassHealth customer Service	1-800-841-2900
MassHealth ID card	The ID card issued to every MassHealth member.
Member ID number	The 12-digit number on the MassHealth card appearing next to the member's name.
National Provider Identification (NPI) number	Numeric value federally mandated and assigned to each provider by the National Plan and Provider Enumeration System (NPPES).
PC Software	Computer software that can be installed on your PC to verify MassHealth eligibility or claim status. It is also referred to as EVSpc Software.
PCC	Primary Care Clinician
PCCP	Primary Care Clinician Plan
Pound Sign	The # symbol
Provider Number	Numeric value assigned to each provider enrolled with MassHealth.
TPL	Third-Party Liability. Other insurance coverage that can be used to cover medical expenses.